

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) DEDUCTION FOR COMBINED GROUPS

DP-132-WE

See Form DP-132 for instructions.

SEQUENCE #7

For the CALENDAR year **2010** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

PRINCIPAL NEW HAMPSHIRE BUSINESS ORGANIZATION	FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER
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NEW HAMPSHIRE NEXUS MEMBERS

COLUMN (A) Ending date of tax year in which NOL occurred as calculated, per applicable statute and administrative rule.	COLUMN (B) NOL amount available for carryforward. See instructions for limitations.	COLUMN (C) Amount of NOL carry forward which has been used in taxable periods prior to this taxable period.	COLUMN (D) Amount of NOL to be used as a deduction in this taxable period.	COLUMN (E) Amount of NOL to carry forward to future taxable periods.
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NEXUS MEMBER NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER
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Mo Day Yr				
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

NEXUS MEMBER NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER, SOCIAL SECURITY NUMBER, OR DEPARTMENT IDENTIFICATION NUMBER
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Mo Day Yr				
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
10	10	10	10	10

11 Amount of NOL carryforward deduction for this nexus member (total of Column D)..... 11

12 Total of NOL carryforward deduction this taxable period..... 12 This is the amount to be reported on NH-1120-WE. (Sum of each nexus members Line 11)

NOTE: Column (B) less Column (C) should equal the sum of Column (D) plus Column (E). Use additional Forms DP-132-WE if you have NOL carryforward deduction(s) from more than two entities.

